AOD - Alcohol and Other Drugs

AOD-C COMPLICATIONS

OUTCOME: The patient/family will understand how to avoid the complications of alcohol and other drug (AOD) abuse/dependence and develop a plan to slow the progression of the disease by full participation with a prescribed daily program.

STANDARDS:

- 1. Review the short and long term effects that AODs have on the body.
- 2. Discuss the progression of use, abuse, and dependence.
- 3. Review the effects of AOD abuse/dependence on the lifestyle of the individual, the family, and the community.

AOD-CCA CONTINUUM OF CARE

OUTCOME: The patient/family will understand the importance of integrated Continuum of Care in the treatment of AOD use disorders.

STANDARDS:

- 1. Discuss with patient/family the concept of Continuum of Care in the treatment of AOD use disorders including the pre-treatment, treatment, sobriety maintenance, follow-up, and relapse prevention phases.
- 2. Provide assistance and advocacy to the patient/family in obtaining integrated Continuum of Care services.

AOD-CM CASE MANAGEMENT

OUTCOME: The patient/family/caregiver will understand the importance of integrated case management in achieving optimal physical and behavioral health.

STANDARDS:

- 1. Discuss roles and responsibilities of each member of the care team including the patient, family/caregiver, and providers in the case management plan.
- 2. Explain the coordination and integration of resources and services in developing and implementing the case management plan.
- 3. Explain the need to obtain the appropriate releases of information necessary to support integrated case management and to maintain patient privacy and confidentiality. **Refer to AF-CON**.

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AOD-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

- 1. Explain that the outcome of disease processes may be influenced by choices related to health and lifestyles, e.g., diet, exercise, sleep, stress management, hygiene, full participation in the medical plan. (Stoic Fatalism)
- 2. Discuss the potential role of cultural/spiritual traditions, practices and beliefs in achieving and maintaining health and wellness.
- 3. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are interactions with prescribed treatment.
- 4. Explain that the medical treatment plan must be followed as prescribed to be effective and that some medications/treatments take time to demonstrate effectiveness
- 5. Discuss that traditions, such as sweat lodges, may affect some conditions in detrimental ways. Healing customs or using a traditional healer may have a positive effect on the patient's condition.
- 6. Refer to clergy services, traditional healers, or other culturally appropriate resources.

AOD-DP DISEASE PROCESS

OUTCOME: The patient/family will understand the disease process of AOD abuse and addiction and understand the stages of change.

STANDARDS:

- 1. Review the current medical information, including physical, psycho-social, and spiritual consequences of the patient's specific AOD abuse/dependency.
- 2. Discuss the diagnosis of AOD abuse/dependence and provide an opportunity to recognize the disease process of abuse and dependence.
- 3. Explain the stages of change as applied to the progression of AOD abuse/dependence, e.g., pre-contemplation, contemplation, preparation, action, and maintenance.
- 4. Discuss the role of the family/support system in the recovery process and an AOD-free lifestyle.
- 5. Assist the patient/family in developing a plan for healthy and AOD-free lifestyle.

AOD-EX EXERCISE

OUTCOME: The patient/family will understand the role of increased physical activity for a healthy and AOD-free life style and will make a plan to increase regular activity by an agreed-upon amount.

STANDARDS:

- 1. Discuss the benefits of regular physical activity, e.g., reduced stress, weight maintenance, improved self image, and overall wellness.
- 2. Explain that the goal is at least 150 minutes of physical activity a week, for example, walking:
 - a. 30 minutes 5 days per week
 - b. 15 minutes bouts 2 times a day 5 days per week
 - c. 10 minutes bouts 3 times a day 5 days per week
- 3. Encourage the patient to increase the intensity of the activity as the patient becomes more fit.
- 4. Assist the patient in developing a personal exercise plan. **Refer to HPDP-EX.**
- 5. Discuss obstacles to a personal exercise plan and solutions to those obstacles.
- 6. Discuss medical clearance issues for physical activity.

AOL-IR INFORMATION AND REFERRAL

OUTCOME: The patient/family will receive information and referral for alternative or additional services as needed or desired.

STANDARDS:

- 1. Provide the patient/family with alternative or additional sources for care and services.
- 2. Provide the patient/family with assistance in securing alternative or additional resources as needed.

AOD-L LITERATURE

OUTCOME: The patient/family will receive literature on alcohol and other drugs.

STANDARDS:

- 1. Provide the patient/family with appropriate literature (including literature and/or Website addresses) to facilitate understanding and knowledge of AOD issues.
- 2. Discuss the content of the literature.

AOD-LA LIFESTYLE ADAPTATIONS

OUTCOME: The patient/family will understand that alcohol and other drug (AOD) use disorder is a chronic disease, which can be treated.

STANDARDS:

- 1. Discuss the patient's AOD abuse/dependence and the impact on the patient/family lifestyle.
- 2. Discuss the patient's perceptions that promote AOD abuse/dependence and mechanisms to modify those perceptions and associated behaviors.
- 3. Discuss relapse risk of AOD abuse and the need to utilize family, cultural/spiritual and community resources to prevent relapse.
- 4. Explain that the patient/family and the care team will develop a plan to modify behavior that may precipitate the use of AOD.

AOD-M MEDICATIONS

OUTCOME: The patient/family will understand and fully participate the medication regimen.

STANDARDS:

- 1. Review the mechanism of action of the prescribed medication.
- 2. Discuss important or common side-effects of the prescribed medications.
- 3. Emphasize the importance of taking medications as prescribed, e.g., avoiding overuse, under use or misuse.
- 4. Review OTC medications (e.g., cough syrup) that contain ETOH/drug additives and the signs/symptoms of intentional/unintentional ingestion.

AOD-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will have an understanding of the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

STANDARDS:

- 1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.

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- e. Reassessment as needed.
- 2. Review the basic nutrition recommendations for the treatment plan.
- 3. Discuss the benefits of nutrition and exercise to health and well-being.
- 4. Assist the patient/family in developing an appropriate nutrition care plan.
- 5. Refer to other providers or community resources as needed.

AOD-N NUTRITION

OUTCOME: The patient/family will understand the importance of nutritionally healthy food choices in the recovery process of AOD-use disorders.

STANDARDS:

- 1. Review patient's current eating habits and how these habits might be improved with a healthy eating plan.
- 2. Refer to a registered dietician, when appropriate, for a comprehensive nutritional assessment and meal plan.

AOD-P PREVENTION

OUTCOME: The patient/family will understand the dangers of AOD-use disorders to promote a healthy and AOD- free lifestyle.

STANDARDS:

- 1. Emphasize awareness of risk factors associated with AOD abuse and dependence, such as experimentation with alcohol and other drugs, binge drinking, and family history of AOD abuse and dependence.
- 2. Discuss the impact of comorbid conditions and psychosocial stressors on AOD abuse and dependence.
- 3. Discuss how AOD abuse and dependence adversely affects the patient, the family, and the community.

AOD-PLC PLACEMENT

OUTCOME: The patient/family will understand the recommended level of care/placement as a treatment option for AOD-use disorders.

STANDARDS:

- 1. Explain the rationale for the recommended placement based on patient/family preference, level of need, court order, safety, eligibility, availability, and funding.
- 2. Explain that the purpose of placement is to improve mental or physical health and to ensure a safe and supportive environment for recovery from AOD-use disorders.

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- 3. Discuss alternative placement or treatment options if recommended placement is declined or unavailable.
- 4. Discuss patient/family fears and concerns regarding placement and provide advocacy and support during the placement process.

AOD-SCR SCREENING

OUTCOME: The patient/family will understand the process of screening for alcohol and other drug related issues to determine an individual's need for further evaluation and referral.

STANDARDS:

- 1. Discuss with patient/family the initial reason for the referral for AOD screening and obtain informed consent for the screening as needed.
- 2. If referring to another provider for screening, explain the referral process for AOD screening and provide assistance with a referral contact as needed.
- 3. Explain the screening results to the patient/family and the indications for additional referrals or treatment.

AOD-SM STRESS MANAGEMENT

OUTCOME: The patient/family will understand the role of stress management in the treatment of AOD abuse and dependence.

STANDARDS:

- 1. Discuss that uncontrolled stress may increase alcohol and other drug use and interfere with treatment.
- 2. Emphasize the importance of seeking professional help as needed to reduce stress.
- 3. Discuss the various stress management strategies which may help maintain a healthy AOD-free lifestyle. Examples may include:
 - a. Becoming aware of your own reactions to stress
 - b. Recognizing and accepting your limits
 - c. Talking with people you trust about your worries or problems
 - d. Setting realistic and meaningful goals
 - e. Getting enough sleep
 - f. Making healthy food choices
 - g. Regular physical activity
 - h. Taking vacations
 - i. Practicing meditation

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- j. Practicing self-hypnosis
- k. Using positive imagery
- 1. Practicing relaxation methods such as deep breathing or progressive muscular relaxation
- m. Participating in spiritual or cultural activities.
- 4. Provide referrals as appropriate

AOD-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, including indications and impact on further care.

STANDARDS:

- 1. Explain the test ordered and any necessary consent as needed.
- 2. Explain the indications, benefits, and risks of the test to be performed, as appropriate, including the consequences of refusal.
- 3. Explain how the test relates to the course of treatment.
- 4. Explain the necessary preparation for the test, including appropriate collection or preparation.
- 5. Explain the meaning of the test results, as appropriate, and the implications for care.

AOD-WL WELLNESS

OUTCOME: The patient/family will understand factors that contribute to wellness.

STANDARDS:

- 1. Assist the patient/family to identify an AOD-free supportive social network.
- 2. Encourage the patient/family to participate in AOD free family, social, cultural/spiritual and community activities.
- 3. Discuss the associated health risks with AOD abuse/dependence, e.g., including sexually transmitted infections, unplanned pregnancies, family dysfunction, acute illness, exacerbation of chronic health problems.
- 4. Explain that AOD use increases the risk of injury, e.g., motor vehicle crashes, falls, assaults.